

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,

H. A. COTTELL, M.D.,

} Editors.

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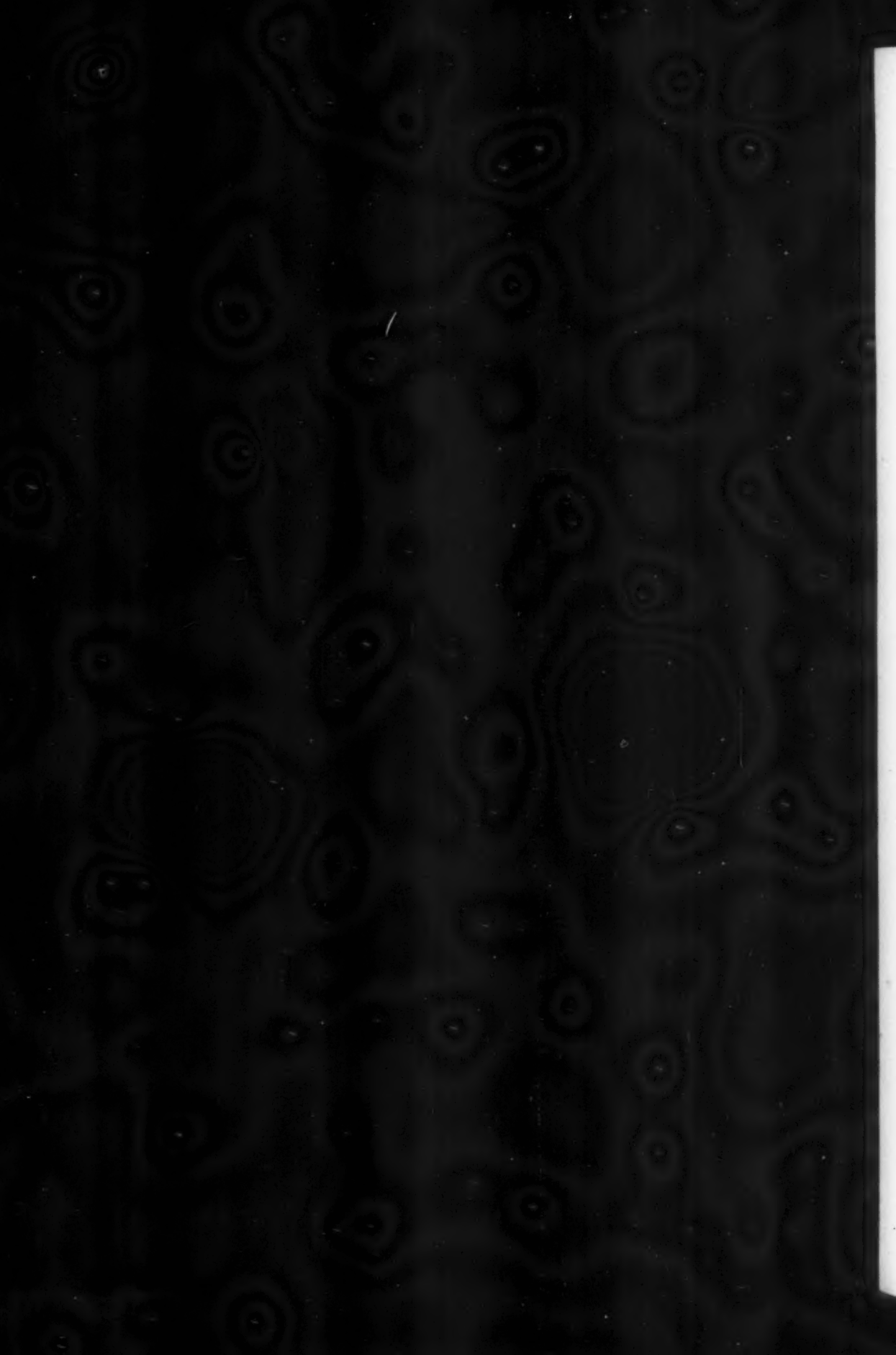
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"NEC TENUI PENNĀ."

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J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE THEORY AND TREATMENT OF DIABETES.

Under the head of Miscellany in this issue will be found an abstract of an article on diabetes, by Edmund A. Cook, Ph. D., F. C. S., etc., from which we select some points for comment.

First: In regard to the theory of the abnormal production of sugar in diabetes, the author says:

We have no knowledge of the abnormal action by which sugar is produced, but we know that it is a product of the normal action of saliva on starchy material. Brücke has proved that the normal products of peptic fluid upon starchy matter are various dextrins, one of which is perhaps identical with glycogen. The pancreatic fluid has been proved to have no effect upon these dextrins; therefore their conversion into sugar may be allowed to be due to an abnormal action of normal secretions, or to the action of abnormal secretions. In either case any hope of improvement in this disorder must depend on our ability to excite to healthy action the secreting glands.

Second: The author notes excessive thirst as a chief symptom of diabetes, and, in accordance with the foregoing remarks, proposes to meet it by restoring, through the action of mercury, nitro-muriatic acid, or pilocarpin, the normal action of the salivary glands. He discourages the use of mercury as inapplicable in many cases, admits that nitro-muriatic acid is beneficial, but places his chief reliance upon pilocarpin, applied in doses of one twentieth of a grain to the mucous membrane of the mouth, believing

that by its local action as a stimulant to the orifices of the salivary ducts it restores these glands to their normal action, and thus exerts a curative effect upon the disease.

We can not but express the opinion that the author fails in the first instance to avail himself of existing knowledge upon the digestion of starch, and so leaves in doubt the *modus operandi* of the production of sugar in diabetes, when a more careful survey of the digestion and assimilation of amylaceous food would give him not only a plausible theory of the disease but also grounds for rational treatment.

Brücke's observation may be more recent; of this we are not informed; but Foster states positively that the gastric juice of itself has no action whatever upon starch. He allows, however, that the mucus of the stomach contains a ferment analogous to ptyalin, which is competent to change starch into grape sugar. But even if it be true that the gastric juice or stomach digestion does convert starchy food into dextrins, these can not well escape the action of the pancreatic fluid, which, according to the best authorities, contains an amylolytic ferment similar to ptyalin, which acts upon starch and dextrin with great readiness, converting them into grape sugar.

Fothergill maintains that this conversion of starch into sugar is simply a method of preparing the former by hydration for absorption, and just as pepsin and trypsin convert the proteid or albuminoid substances into peptones or albuminose (leucin and tyrosin being a result of the pancreatic digestion of proteids, according to Foster) only to be reduced to albumen or proteids in

the liver; so grape sugar in the same organ is dehydrated into glycogen. "They have been dissolved so as to pass readily through organic membranes. Now they are to be stored up; so they are changed back; otherwise they would escape out of the blood as easily as they got into it. When the liver is unequal to dehydrating the sugar of the portal vein into glycogen as rapidly as sugar is formed, the sugar passes out by the kidneys, constituting glycosuria. This may be produced by any one by excess of sugar at once. When the disturbance is *pronounced*, it constitutes 'diabetes.'" "As glycogen, or animal starch, the amyloids of our food are stored for the needs of the body and given off as required."

In the light of this theory the appearance of sugar in the urine after puncture of the diabetic, or vasomotor, area of the medulla oblongata, or by galvanic irritation of the central ends of the vagi after division, seems to be explained, and the cause of diabetes mellitus may be sought for in a reflex or direct nerve-action, which disorders or suspends that function of the liver by which sugar is dehydrated; while the obscure statement that the excess of sugar is produced by "the abnormal action of normal secretions or the action of abnormal secretions" may be set aside as a baseless hypothesis.

The statement that "the only hope of improvement in diabetes must depend on our ability to excite to healthy action the secreting glands" must fall with the hypothesis upon which it was founded; and this brings us to the second point of discussion.

If the author had limited this remark to the liver, and proved by clinical experiment that the medicines recommended tended directly to restore the normal action of this organ—which is probably true, so far as mercury and nitro-hydrochloric acid are concerned—it would have great weight, but it would not accord with his theory, since the glycogenic function of the liver is metabolic and not secretory; but the only glands he proposes to influence by treatment are the salivary, and they appear to be but lo-

cally affected by the pilocarpin. The mouth through the action of this remedy being rendered moist, the patient has less thirst and demands less water.

It is not sound physiology, however, to say that rendering the mouth moist will lessen thirst, since the sensation of thirst is only a local expression of the general demand of the system for water; and no matter how much water may be put into the mouth or poured over the fauces, if it does not enter the blood the thirst will not be slaked.

A vasomotor depressant, such as pilocarpin, may nevertheless be competent to allay the thirst of diabetes; but this effect would, in the light of its physiological action, be secondary to a more direct action through which the amount of sugar escaping dehydration in its passage through the liver is lessened. This drug acts as a paralyzant of the vasomotor nervous system (Bartholow), and diminishes the quantity of blood carried by the hepatic artery to the liver, just as does division of the splanchnics; for when these nerves are cut in an animal in which diabetes has been artificially produced, and the intestinal arterioles are thus allowed to become distended with blood, it has been observed that the sugar rapidly disappears from the urine. Pilocarpin therefore presents strong physiological claims to rank as an agent of therapeutic value in diabetes, and we are glad that the author's clinical experience seems to verify these claims, though we can not believe that his theory of its local action will stand the test of physiological experiment.

After all, the author's treatment is not based directly upon the restoration of the secretive organs to normal action, since he claims to meet by it but one symptom only—namely, dryness of the mouth with accompanying thirst—for his main treatment consists in a non-farinaceous diet, prescribed and regulated in accordance with the theory of the disease as held by Fothergill and other well-known advocates of physiological medicine.

MISCELLANY.

DIABETES MELLITUS.—Edmund A. Cook, Ph.D., F.C.S., L.R.C.P., etc., contributes to the April number of the Practitioner an article on this subject of considerable practical interest.

The writer alludes to Pavy's conclusion that the symptoms of diabetes are due to an abnormal action induced by insufficient de-oxidation of arterial blood, but says this author is not clear as to the primary cause of the disease. He mentions the production of diabetic symptoms by puncture of the fourth ventricle, by injection of arterial blood into the portal vein, and by increased respiration without muscular exertion, yet it is not evident that any of these may be the primary origin of the diabetes of pathology. Pavy suggests as a cause for the latter some lesion of nerve-substance, but the symptoms of diabetes are probably common to various lesions or diseases in the same way as jaundice may be a symptom of several abnormal states of the system.

The only known exciting cause is noted by Trousseau, who quotes a case in which the patient distinctly stated that his symptoms commenced at a time when being overheated he drank large quantities of cold water. The writer states that two similar cases have come under his own observation. In the cases known to have been thus caused the lesion may have been in the peripheral nerves of the stomach; in other cases it may have been central. Yet although the symptoms be the same in both classes of cases, a treatment which would succeed in the one might be without effect in the other.

Diminished action of all the secreting organs, except the kidneys, is a marked symptom of diabetes. The kidneys are stimulated to increased action by the quantity of morbid material requiring removal from the blood, and the blood having to supply large quantities of water for this purpose, can not give the other glands the amount required for their normal secretions. Mere diminution of urine is no sign of improvement, but rather the reverse; for if the sugar fails to be excreted it soon sets up secondary conditions, from which the patient dies. We have no knowledge of the abnormal action by which this sugar is produced, but we know that sugar is normally produced by the action of saliva or starchy material. Brücke has proved that the normal products of peptic fluid on starchy matter are various dextrins, one of which is per-

haps identical with glycogen. The pancreatic fluid has been proved to have little or no effect on these dextrins, therefore their conversion into sugar may be allowed to be due to an abnormal action of certain normal secretions, or to the action of abnormal secretions. In either case any hope of improvement in this disorder must depend on our ability to excite to healthy action the secreting glands.

The quantities of liquid habitually consumed by diabetics must be hurtful to digestion by rendering inactive the gastric juice and further by diluting the blood. On the other hand, if the sugar continue to be formed in abnormal quantities, water is necessary to its elimination. The state of the patient in such cases seems to necessitate a choice of evils. If by drugs or deprivation of fluids the amount of urine be diminished, sugar accumulates in the blood. If water be given in the quantity desired by the patient, he dies from want of nutrition, because the digestive organs are unable to act, and the blood is depleted of life-sustaining substances.

In dealing with diabetic symptoms we must avoid drugs which increase morbid conditions. Opium, for instance, though of real value when judiciously administered, will, if pushed to the disorder of the digestive function, do more harm than good in this disease.

The diabetic symptoms in the order of their importance are: (1) excessive thirst; (2) constipation; (3) lack of digestive power; (4) twitching of the muscles, especially those of lower limbs; (5) weakness; (6) the excretion of an excessive quantity of urine containing sugar; and it is in this order that treatment is urgently demanded.

For the first of these conditions, which is marked by a hard, dry tongue and deficient salivary secretion, mercury, nitro-hydrochloric acid, and pilocarpin may be given. Mercury, because it can not be used for any considerable length of time without danger of inducing salivation, and because of its depleting effect on the blood, is in most cases inadmissible; the acid will often be found useful, but pilocarpin usually secures the best results. This drug should not be given to diabetic patients in the usual doses of one fifth to one third of a grain, for thus employed it exerts its general systemic effect, which is hurtful to the diabetic. Its proper method of exhibition is as follows: Pilocarpin nitrate is so dissolved in dilute spirit that five drops of the solution shall repre-

sent one twentieth of a grain. This quantity is placed once every four hours between the lip and gum, or by the side of frenum linguæ, and, as it would seem, by its local action on the orifices of the salivary ducts renders the mouth and tongue moist and lessens the demand for liquids. The dose may be diminished if the tendency to salivation be marked.

Constipation, which is always marked, a hard fecal mass (as shown by post-mortem examinations) clogging the lower bowel, may be the cause of sudden death in diabetes. This symptom is best met by large enemata. Cathartics or laxatives are usually inefficient, the former being hurtful.

In regard to the milk treatment, the practice of allowing patients to drink large quantities (four or five pints) of this fluid at any one time should be discontinued, since this distends the stomach and weakens digestion. It is best to give with each meal (which should be non-farinaceous) a dose of pepsin and hydrochloric acid, and allow no liquids to be taken for some time previous to the meal. Under this management bodily weight will increase, constipation disappear, and the desire for and injudicious use of liquids, with consequent polyuria, will be diminished.

To restore to the blood the mineral salts lost through excessive urination, the following has been used with much benefit:

Bone ash of femur.....	1,040 grains;
Phosphate of magnesia.....	800 "
Phosphate of potash.....	1,900 "
Phosphate of soda.....	3,520 "
Syrupy phosphoric acid.....	q. s.
Water, to.....	64 ounces.*

Powder the bone ash and add four ounces each of syrupy phosphoric acid and water; add the magnesia phosphate, and leave for twelve hours; dilute with water to four ounces and filter; dissolve the phosphates of potash and soda in water, and add this to the clear filtrate; add sufficient phosphoric acid to redissolve any precipitate formed, and water to make sixty-four ounces. Dose, one dram thrice daily in water.

The above treatment will be found effective in the majority of cases submitted to it before the last stage of exhaustion has set in. The twitching of the muscles, weakness, polyuria, melancholia, impotence, and wast-

*It will be seen that this is similar to the well-known acid phosphate preparations.

At a recent meeting of the Louisville Medico-Chirurgical Society, Dr. J. B. Marvin reported a case of diabetes in which the administration of acid phosphates alone was followed, after a short time, by a marked decrease in the quantity of sugar excreted, with general amelioration of other symptoms.—Eds.

ing will readily disappear. The sugar will always diminish in quantity, but the writer has never known it to disappear entirely.

When the patient has improved to such a degree that recovery seems to have taken place, the fear of relapse should not lead the physician to enforce the treatment too rigidly.

THE BACILLI OF TUBERCLE.—At the Physiological Laboratory at King's College, on Monday last, Mr. Watson Cheyne and Mr. E. M. Nelson exhibited some specimens showing the bacilli found in tubercle, prepared by Dr. Koch and brought over to this country by Dr. Goltdammer. Upon one slide was a miliary tubercle from the human lung, crushed and spread out on a cover-glass and stained with methylen blue and vesuvin. In this the bacilli appeared as delicate blue rods among the brown-stained nuclei and granular material. The second specimen was a section of a tuberculous mesenteric gland from a guinea-pig which had been inoculated with tubercle. The bacilli lay in large numbers among the nuclei toward the outside of a tubercle. The third was a section of a tuberculous mesenteric gland from a cow affected with bovine tuberculosis (*Perlsucht*). This specimen demonstrated the presence of bacilli in the interior of giant-cells. The discovery of the bacilli in this case was much more difficult than in the others, but on carefully focusing several minute delicate blue rods could be found. Mr. Cheyne showed other forms of bacilli for comparison with the tubercular varieties. Large numbers of the bacilli, which have been described as occurring in leprosy, were shown in a section of a leprosy nodule. These differ from the tubercle bacilli in being more pointed at the end, and in being stained by methyl violet (Weigert's nuclear method of staining). There was also a specimen of the bacilli which produce septicemia in house-mice, and of a long, delicate form which apparently caused erysipelas in the ear of rabbits (see Koch's *Traumatic Infective Diseases*). In contrast to these was a splendid specimen of the bacilli of anthrax in the lymph-sinuses of a lymphatic gland. It is satisfactory to have seen and confirmed the presence of these organisms in tubercle, while by the exhibition of other forms of pathogenic bacilli, each having their special characteristics, one is led to see that the presence of these organisms in the morbid processes can hardly be a matter of accident. The lenses employed were Ziess's

$\frac{1}{2}$ oil, with Abbé's condenser, and Powell and Lealand's $\frac{1}{2}$ oil and $\frac{1}{10}$ water immersions, with achromatic condensers. The demonstration was largely attended, most of the best-known British authorities on the germ-theory and on antiseptic surgery being present.—*British Med. Journal*.

OSSEOUS TUMORS IN THE AUDITORY CANAL.—Geo. P. Field, M.R.C.S., Aural Surgeon to St. Mary's Hospital, reports in The Lancet of April 1st five cases in which he has removed osseous tumors from the auditory canal. His method of operation in most of these cases was to drill through the exostosis by means of the American dental engine, after the method first suggested and practiced by Dr. A. Mathewson, of Brooklyn. Mr. Field closes his paper with the following summary:

Bony growths in the ear may be most satisfactorily classed as—

I. Circumscribed tumors or exostoses made up of soft bone, with a pedicle.

II. Diffuse tumors or ivory exostoses (hyperostoses), hard in consistence.

The conclusions to be obtained from a consideration of the cases which have come under my observation may be summarized as follows:

1. Where there is one tumor of the consistence of ivory occluding the canal, the only operation of any permanent service is that of drilling through the growth by means of the dental engine.

2. It is advisable in the drilling to use a metal guard to pass behind the tumor, in order to lessen the risk of any accident.

3. Where there is more than one tumor, operations of this kind are as a rule unnecessary, since in the case of multiple growths a triangular channel is usually found which may be kept open by other means.

4. In a very great majority of cases of aural exostoses there has been no history of gout, rheumatism, or syphilis.

5. Some bony tumors in the ear, although filling up the external auditory meatus, are attached by a small pedicle, and can be easily removed.

6. A mechanical irritation, such as is produced by the presence of pus in the meatus, or such as might result from the effects of frequent sea-bathing, as I have pointed out,* is often a source of osseous tumors.

7. In the case of imprisonment of purulent discharge in the tympanic cavity by

means of a growth of bone filling up the auditory meatus, and consequent production of grave symptoms, an operation is imperative.

8 (and lastly). If from the closing in of the auditory canal in both ears by bony growths very severe deafness ensues, an operation is called for. If the hearing in one ear is good, removal of an exostosis or hyperostosis for the relief of deafness in the other ear is not to be recommended, unless the existence of a pent-up purulent discharge within the tympanum be suspected. But obviously in cases where from an accident the patient has completely lost hearing in one ear, and subsequently, in consequence of a bony tumor filling up the passage of the other, has become too deaf to follow his occupation, an operation can hardly be dispensed with.

PHYSIOLOGICAL ACTION OF KAVA.—Leighton Kesteven, M.R.C.S. (London Practitioner), gives a description of this drug with its physiological effects, as follows:

Kava is prepared by the natives of the Fiji Islands from the yangona root (*Piper methisticum*). . . . The root only of the plant is used in the preparation of kava, the old and dried root being preferred, the fresh having a rough and bitter taste. The general mode of preparation or "brewing" consists in its mastication to the state of pulp, subsequent trituration with water in a large wooden bowl (called the tanoa) and straining through a filter of fibers of the hibiscus. The resulting "brew," of a muddy-brown appearance, is then fit for immediate consumption. It is quaffed from bowls of cocoanut, which in common with the tanoa acquire, after a few months' usage, a pearly enamel of a bluish hue. This surface, by frequent rubbing with a soft cloth, acquires a polish like glass, indicating, I should suppose, the presence of silica. This coating of enamel varies with the age of the vessel. On a tanoa which I possess, and which is some score of years old, the layer is nearly half an inch through its thickest part.

Kava is now prepared for Europeans by simply pounding or grating. The former process of insalivation being thus dispensed with.

The general belief that kava has stupefactive or intoxicating properties is incorrect. Its primary effect is stimulating, like coffee, but it certainly has no intoxicating effect whatever; indeed I should say that its effects are the reverse, clearing the head and

*The author describes two cases in which sea-bathing seemed to have been the cause of the disease.—Eds.

sharpening the mental faculties. It is re-invigorating, and I know of no draught more refreshing in fatigue from bodily exertion. It exerts a powerful action upon the salivary glands, speedily and effectively allaying the thirst incident to hot climates.

A night's carouse, however, from kava, as frequently indulged in by the natives, impairs the function of locomotion, and you have the curious spectacle of a man utterly drunk in his walk, while his intellect is unclouded—he is unable to control the movements of his legs, but is perfectly aware of his disability. When the effects have passed off, there remain no after-consequences. "Soreheads" are unknown as a result of kava-drinking.

Deducing from these facts a direct action upon the spinal cord, I have used with decidedly beneficial effect a concentrated extract of this root in several cases where I suspected congestion of that portion of the nervous centers.

The bodily temperature is not increased by the action of kava; it has only slight influence over the pulse, which, however, it somewhat steadies. Its action upon the intestines is constipating. I have thought that I had seen "liver complaints" induced by habitual kava-drinking, but my experience under this head is incomplete. Old and inveterate kava-drinkers have a belief that the eyesight is injuriously affected by a continued indulgence in its use, but I have not had sufficiently long observation for confirmation, and have as yet seen no evidence thereof.

The most marked and valuable property of kava is its action upon the genito-urinary tracts. Chronic gonorrheal gleet I have found to yield readily to its effects, and in chronic cystitis it possesses an influence superior to any other remedy with which I am acquainted.

THE ASSIMILATION OF FAT.—Most physiological text-books teach that the fat of the body is not derived directly from the fat of the food; but from statistical analysis Hoffman has arrived at the conclusion that the formed fat of the animal body arises not only from heterologous elements of the food, but also in part at least from ingested fat. Radzcejewsky concludes that the special destination of this fat is the intra-muscular adipose tissue. A series of investigations undertaken by Lebedeff in the clinical department of the pathological laboratory at Berlin leads him also to the conclusion that the

ingested fat is deposited unchanged in the fatty tissue of the body. Two dogs were kept fasting for a month, losing in the time about forty per cent of their weight. Previous experiments have shown that under these circumstances all the fat of the body disappears. The dogs were then fed on a diet which consisted of large quantities of fat foreign to their own nature, and a small quantity of flesh. Both dogs regained their normal weight in three weeks, and were then killed. One had been fed upon linseed oil, and from its tissues was obtained more than a kilogram of fatty oil, which did not become solid at the freezing-point of water, and which corresponded closely in chemical characters to linseed oil. The second dog was fed upon mutton suet, which had a boiling-point about 50° C., and in its body, in the muscles, about the internal organs, and beneath the skin a form of fat was found which was almost identical with suet. The organs of each dog were free from disease. Thus it would appear that ingested fat, even such as is foreign to the individual constitution, may yet become transformed directly into the fatty tissue of the animal. Other experiments of the same investigator seem to show that this is true also of milk fat.—*The Lancet.*

NAPHTHOL IN THE PRODUCTION OF HEMOGLOBINURIA.—Dr. Neisser has investigated by experiments upon dogs and rabbits the effect of considerable doses of naphthol in producing hemoglobinuria. Rabbits weighing one hundred grams were killed by the subcutaneous injection of one gram of a concentrated warm solution of naphthol, while dogs weighing forty-five hundred grams died after the administration of a gram and a half after a lapse of from two and a half to twelve hours. In dogs death was preceded by much salivation and by restlessness, while the rabbits were seized with well-marked cramp. Very careful analysis of the urine made during the administration of naphthol proved that hemoglobinuria was produced.—*Cent. f. Med. Wiss.; Lond. Pract.*

DEATH OF A "FASTING GIRL."—On Tuesday night the fasting girl, Christina Marshall, died at Strathaven. She had been ill for eighteen months, and for over a year had, it is asserted, taken no nourishment except sweets, and these only in moderate quantities. The case was investigated by many physicians, and for months she was closely watched.—*The Lancet.*

TORSION OF ARTERIES.—At Guy's Hospital the London correspondent of the Boston Med. and Surg. Journal says that all the surgeons use torsion to the exclusion of the ligature, except in very small vessels wherein it is difficult to isolate the vessel from muscular fibers. They give a very large statistical showing in its favor. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but, seizing the cut end of the vessel with strong forceps, twist it till it is felt to "give way;" that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said, "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread or look for secondary hemorrhage.—*Chicago Med. Review.*

SPIDERS IN INTERMITTENT FEVER.—The spider as a remedial agent is suggestive of medieval therapeutics. Two hundred years ago it was held in considerable estimation as a remedy for ague, and appears to have been derived from the Arabs, who employed the web as a local application. These old notions have induced Dr. Oliva to make a further trial of arachnidine, and from its use in one hundred and nineteen cases he has drawn certain conclusions, which are published in a Spanish journal: 1. Arachnidine is an agent capable of curing invariably malarial fever, whether quotidian or tertian. 2. Doses of two grams in the adult and one gram in children usually cut the case short at the second attack. 3. Its action is, however, less prompt than that of quinine, which should therefore be preferred in pernicious cases. 4. Being tasteless, it is preferable to quinine in the case of children. 5. Relapses occur less readily with arachnidine than with quinine.—*The Lancet.*

LUNACY FROM LEAD-POISONING.—Dr. J. F. Goodhart reports (British Med. Journ.) four cases of lead-poisoning associated with various forms of lunacy; mania in two, dementia in one, delirium tremens in one. From the observations of Goodhart, Savage, and others it would appear that lead causes lunacy in a form very similar to that of chronic alcoholism and of early general paralysis.

J. B. M.

Original.

OBSERVATIONS ON CATARRHAL FEVER.

BY J. M. DA COSTA, M.D.,*

Professor of Practice of Medicine in Jefferson Medical College.

Those engaged in active medical practice must have been struck with the widespread prevalence of an epidemic of catarrhal fever presenting many curious features. As it is only by a study of all such epidemics that we shall ever learn fully to understand this dissimilar malady, I trust it may not prove without value to record before the College my individual experience with it.

The disorder begins almost invariably in a sudden manner, sometimes with a chill, quite as often without it. I have known persons well in the afternoon and in the evening with a decided fever, and suffering all the discomforts of the catarrhal malady. Among the first signs of this are pain in the throat and a feeling as if it were filled up, yet looking at it nothing is seen but redness and some relaxation. Fever is by this time developed, at first of only moderate intensity and with a quick but very compressible pulse. Dry cough soon becomes a feature, occurring not infrequently in paroxysms, and now and then combined with loss of voice and with difficulty in swallowing. The chest-walls are sore and the cough is painful. Frequent, rather difficult breathing, not associated with any marked physical signs except feebleness of respiratory murmur, is a common symptom. As the malady progresses more obvious signs of bronchial catarrh may happen, and harsh breathing and dry râles be found on listening to the chest. But here and there will be a spot still marked by feeble breathing, a spot of seeming congestion of the lung and of impaired expansion. Scanty tenacious sputum, blood streaked, is perhaps noticed, to become more copious and purulent only in cases in which the bronchial catarrh is prominent. The eyes are, as a rule, injected or watery, but nasal catarrh does not exist. Yet late in the disease it may come on, and the malady pass off, in the language of the patient, by a bad cold in the head. Beside these catarrhal symptoms there are pains—chest-pains, pains in the neck and scalp, pains in the loins and limbs. The chest-pains are most peculiar and severe. They are sharp and

* Read May 3, 1882. From advanced sheets of the Transactions of the College of Physicians and Surgeons, Philadelphia.

like pleurisy; indeed they are so regarded. But only impaired respiration exists, friction does not, save in the rarest instances, and the character of the pain, its having its seat in the chest-walls, is shown by its transferring itself with rapidity from one side to the other.

The state of the skin is at first dry and harsh. It becomes soft and clammy as the disorder advances, and copious sweats, especially at night, are common. The face at the outset is apt to be flushed, and what has particularly struck me in this epidemic as a feature which I can not recall to have noticed so strikingly before, is a curious irregular mottling of the surface. This is very marked on the neck and breast, and might easily cause the case to be mistaken for scarlet fever or German measles; but when closely looked at, it is seen how the capillary injection is really quite unlike the eruption of either.

As temperature observations on catarrhal fever are very imperfect, I recorded whenever a good opportunity offered as many as possible. Here is a case in which, with the aid of a very intelligent nurse, they were made three or four times daily, and begun a few hours after the first symptoms had manifested themselves.

First day: 2.30 A.M., 102.2°; 6.45 A.M., 100.8°; 8 P.M., 101°. Second day: 11 A.M., 100.8°; 9 P.M., 101.6°. Third day: 2 A.M., 104°; 10.30 A.M., 101.5°; 3 P.M., 101.5°; 6 P.M., 103°; 9 P.M., 105°. Fourth day: 7 A.M., 101.5°; 9 A.M., 99.5°; 11 A.M., 100°; 6 P.M., 100°. Fifth day: 11 A.M., 99.2°; 9 P.M., 99.6°. Sixth day: A.M., 99°. Seventh day: A.M., 98.5°; no evening rise.

This temperature was the highest I have met with in an uncomplicated case. It attained its height on the third day, and is seen to be very irregular. In truth, irregularity of temperature is one of the characteristic features. The temperature is apt to be irregular until the whole disorder markedly declines, when it by gradual degrees, but in the space of a day or two, returns to the normal.

Next to the catarrhal and febrile symptoms the gastro-intestinal claim attention. Disgust for food, pasty tongue, are very usual, and attacks of diarrhea not unusual. In some cases, indeed, the intestinal catarrhal symptoms are far the most prominent, and it may be that only with their subsidence the bronchial catarrh appears. Nor is it always a simple diarrhea. Seizures bespeaking an irritation of the large intestine, diar-

rhæa soon merging into dysenteries form quite a fair proportion of the cases. The urine is highly colored, scanty, but free from albumen, even in cases with a temperature of 105°. Only in instances of most marked pulmonary congestion have I known it to contain albumen, and then but in small quantities.

As regards the nervous symptoms, great lassitude, restless nights, and marked hebetude strike us most. With reference to the drowsiness, it is often so decided that it is difficult to believe that the patient has not taken opium. Delirium I did not once encounter; nor were the cutaneous hyperæsthesiæ as common as I have noticed them in other epidemics. In truth, on the whole, the nervous phenomena, except the hebetude, were less pronounced.

The duration of the disease is a short one. It does not, unless kept up by complications, exceed a week; nor did I see a fatal case, unless from complications. During the rather tardy convalescence, what forces itself on our attention is the weakness, with the decided loss of flesh, which so short a disease has occasioned. Of course I am speaking only of marked cases, and not of the slight ones of a few days' duration that abound as a light manifestation of the epidemic influence. Glandular enlargements are very occasionally met with during the convalescence. More often did I notice inflammation of the antrum with its distracting headache and sense of fullness and pain.

I have just alluded to the complications. Pneumonia, catarrhal and lobar, is the most common. And I am quite clear that the great prevalence just now of pneumonia must be mainly ascribed to the influence of the poison of the catarrhal fever. But this is too large a question to enter into here, as it would equally lead me too far to inquire whether there are any clinical differences which separate these pneumonias of epidemic origin from those originating from other causes.

Besides pneumonia, I have met with overwhelming attacks of pulmonary congestion. One, for instance, seen with a medical friend, in which a bright lad of sixteen perished, who had not been ill forty-eight hours—perished with bloody tenacious sputum, temperature of 104.8°, intense dyspnea, heavily-congested lungs terminating in edema, and amid vanishing pulse, wild struggles for life, and signs of non-aerated blood, in whom nevertheless there were no spots of dullness or bronchial breathing or other evidences of

consolidation to be detected. Then I saw with Dr. Herbert Norris in a previously healthy, although rather delicate, young woman, who was seized with catarrhal fever just as her little girl was fairly convalescent from it, rapid phthisis develop itself; primarily in the lung which three or four days after the acute setting-in of the catarrhal malady had slowly advanced to imperfect consolidation at its lower part, then more rapidly in the right. On the side first affected a large cavity formed in the lower lobe and became manifest on about the twelfth day of the disease. The whole duration of the disease was just three weeks. The only instance of tubercular affection to be traced in the family was that of an aunt.

Another complication I have met with is gangrene of the lung, I saw such a case with Dr. Girvin. The sputum was horribly offensive, the wasting decided. A spot at the upper part of the left lung was gangrenous. These symptoms had set in acutely about ten days after an attack of catarrhal fever in a young woman before in good health.

There is generally little difficulty in the diagnosis of the epidemic malady. The catarrhal symptoms, the signs of the general disorder, are very manifest. Occasionally a puzzling case happens, as for instance one in a young girl with nosebleed, with diarrhea, with high temperature, all within the first week of the disease. Yet the sequence of the phenomena prevented the affection from being mistaken for typhoid fever. The nosebleed came on after the marked catarrhal symptoms; the diarrhea appeared on the fourth day, and lasted only forty-eight hours; the high temperature continued but for a day, and then there were very irregular variations until by the eighth day the temperature had declined to normal.

One of the most interesting features of the present epidemic is its infectious character. In one household five members took it in succession; in another it began with grandchild and ended with grandmother, after two children, mother, and three servants had had it. Nor are those exempt who are confined to the house. One of the most marked cases I encountered was in a lady who has been for five years bedridden; in another the patient had not been out of doors for ten months.

As regards the treatment, I have nothing to add to what is well known. It has to be symptomatic, and in the very young and the very old decidedly supportive. My experi-

ence, however, makes me urge the advantage of employing quinine almost from the start, and has taught me that small, repeated doses of opium have a most happy, steady, and distress-allaying influence.

PHILADELPHIA.

Correspondence.

OVARIOTOMIES.

Editors Louisville Medical News:

A System of Gynecology by American Authors is in process of preparation, and it is intended that this shall be as nearly encyclopedic as possible. To me has been allotted the task of writing the chapter on the History and Statistics of Ovariectomy. To obtain complete statistics of all ovariectomies done in the three quarters of a century of the history of the operation is a task quite impossible, as many of the early ovariectomists are dead and their records lost. Even among the living many may be disinclined to coöperate with me as they should. Although the report of each operator's cases may cost him some time and trouble, you will readily see what a valuable fund of information will be obtained by the collation and arrangement of all the facts to be gained.

It is desirable, too, to have all material ready for the press by the end of this year, so that the sooner the returns are made the lighter will be the task of the editor. Please request all who wish their cases published to send me their reports before September 1, proximo.

The questions to be answered are as follows: 1. Name of operator; 2. Age of patient; 3. Nationality; 4. Married or single; 5. Aspiration or previous tapping; 6. Duration of growth; 7. Laparotomy or vaginal operation; 8. Condition of patient at time of operation; 9. Were antiseptic precautions used; 10. Was the spray used; 11. Long or short incision; 12. Adhesions or other complications; 13. Double or single ovariectomy; 14. Pathological features of cyst; 15. Treatment of the pedicle; 16. With or without drainage; 17. Duration of operation; 18. Complicated or uncomplicated history after operation; 19. Anti-pyretics used, if any; 20. Result. Cause of death, if any; 21. Primary or secondary operation.

Let the answers be as concise as possible. In many cases a simple yes or no will suffice. Blanks containing lists of the questions re-

ferred to will be sent to any address. All communications should be addressed to me at 191 Madison Avenue. J. E. JANVRIN.

NEW YORK, MAY 1, 1882.

Editors Louisville Medical News:

I recently tried the experiment of vaccinating a person pitted with smallpox. He was twenty-nine years of age, in good health, had smallpox eight years ago, and was badly pitted not only upon the face, but his trunk was covered with the scars. I vaccinated him on the left arm in two places, and in less than eight days his arm was badly swollen, and now he has *two beautiful scars as a result of his vaccination.*

CARTHAGE, Mo. CHAS. H. SMITH, M.D.

Books and Pamphlets.

WALSH'S RETROSPECT FOR APRIL, 1882, is as "meaty" as ever.

OBSERVATIONS ON SURGERY IN CHILDREN. By Edward Borck, M.D., St. Louis, Mo. Reprint.

MEDICAL AND SURGICAL REPORTS OF THE CITY HOSPITAL OF THE CITY OF BOSTON. Third Series. Boston: Published by the Trustees. 1882.

A highly creditable issue.

OVARIOTOMY: DIFFICULTIES DIAGNOSTIC AND OPERATIVE; CONTINUED MENSTRUATION AFTER DOUBLE OVARIOTOMY. By George J. Engelmann, M.D., Professor of Obstetrics in the Post-graduate School of the Missouri Medical College. Reprint.

PRELIMINARY NOTICE OF THE COLLEGE FOR MEDICAL PRACTITIONERS, ST. LOUIS. Inaugurated 1882. Object: To teach medical practitioners, by practical instruction, the special branches of medicine and surgery. There will be *twelve departments*, so arranged that special courses may be taken with as little loss of time as possible.

Formulary.

MISTURA APII COMPOSITA.

Fl. ext. coca..... } aa $\bar{3}$ ij; 60.00 fl.Gm.;
Fl. ext. black haw..... }
Fl. ext. celery seeds..... $\bar{3}$ j; 30.00 fl.Gm.

Mix. Dose, as a nervous tonic, from one to two teaspoonfuls three times a day.—*Druggists Circular.*

REMEDY FOR TRICHINOSIS.

Dr. J. M. Basten claims to have successfully treated four cases of trichinosis with large quantities of glycerin. The treatment is based upon the fact that immersion in glycerin proves fatal to the parasite.—*Gaceta Med. De Ser.*

POTASSIUM BROMIDE IN CHORDEE.

Combillard (*Courier Med.*; Med. and Surg. Reporter) advises injections according to the following formula in the nocturnal erections and chordee of gonorrhea:

R Potass. bromid..... $\bar{3}$ jss; 6.00 Gm.;
Tinct. opii..... $\bar{4}$ fl. $\bar{3}$ ss; 2.00 fl.Gm.;
Glycerinæ..... fl. $\bar{3}$ iij; 12.00 fl.Gm.;
Aque..... fl. $\bar{3}$ j; 30.00 fl.Gm.

M. Sig. Inject of this a sufficient quantity four times daily, the last just before bedtime. The liquid should be allowed to remain for one or two minutes in the urethra. It is not, as a rule, irritating.

The author claims to have speedily relieved fifteen out of eighteen cases thus treated. The good effect of the bromide is due to its power in moderating the reflex excitability of the urethral mucous membrane.

PRURITUS ANI.

Dr. M. Milton (Med. and Surg. Reporter) claims that the following combination has not only a palliative but also a curative effect upon pruritus ani:

Sublimed sulphur..... $\bar{3}$ j; 4.00 Gm.;
Petroleum mass..... $\bar{3}$ j; 30.00 Gm.

Make ointment. Sig. Apply once daily.

Dr. M.'s experience leads him to regard the petroleum mass as a useful remedy in all affections characterized by itching. Sulphur combined with cosmo-line, vaseline, or lead does not give the results which are obtained by the above combination. This formula never fails to cure dandruff of the scalp or pruritus on any of the hairy portions of the body.

Clinical.

ON A CASE OF CIRRHOSIS OF THE LIVER,

In which Paracentesis Abdominis was Performed Twelve Times—Recovery.

BY R. A. D. LITHGOW, LL.D., M.R.C.P.ED., ETC.

In his admirable Theory and Practice of Medicine, my old friend and teacher, Dr. F. T. Roberts, thus refers to the early and repeated performance of paracentesis abdominis in developed cases of hepatic cirrhosis: "I can not refrain from insisting upon the importance of having recourse to the early and repeated removal of fluid by paracentesis in cases of ascites associated with cirrhosis"; and it would be an easy matter to quote a multitude of authorities in order to show that this opinion now meets with almost general acceptance. The interesting case recorded by Dr. Courtenay in *The Lancet* during November last has reminded me of an analogous but still more striking one which occurred in my own practice in the country before my removal to London; and as it affords several points of unusual interest I hope the following record will be deemed worthy of preservation. Unfortunately the notes I have retained are not so complete as I could wish, but the main facts of the case are as follows:

J. N. N., a retired farmer, in good circumstances, aged between fifty and sixty, of full habit and lymphatic temperament, had for many years daily con-

sumed a large quantity of alcohol, principally whisky and sherry. Although not perhaps a drunkard in the usual acceptance of the term, he was nevertheless a deliberate and persistent drinker of ardent spirits in considerable quantities from day to day. His general health had hitherto been fairly good, and with the exception of occasional "bilious attacks" there was seldom any thing the matter with him. On November 1, 1877, previous to which the patient had been suffering from dyspepsia associated with symptoms of gastro-enteric catarrh, he was seized with violent sickness, pain in the region of the liver—evidently the result of peri-hepatitis—and jaundice. Effervescing salines and podophyllin pills were ordered, also the local application of poultices and fomentations, and these gave him temporary relief, although the jaundice persisted, and there were physical signs of hepatic enlargement. On November 8th I called in my friend Dr. T. J. Walker, of Peterborough, in consultation, and we concurred in regarding the case as one of incipient cirrhosis of the liver. Appropriate treatment by medicines and regimen was as far as possible adopted and enforced until the beginning of May, 1878; but in the meantime the chronic interstitial inflammation progressed, with accompanying symptoms of portal obstruction, and ultimately ascites with general anasarca. I need not stay to describe the general symptoms of sallow complexion, deeply-colored conjunctivæ, harsh, dry skin, muscular flabbiness, etc. which usually characterize such cases; nor is it necessary that I should dwell on the combined and complicated results of contracted liver, impeded portal circulation, increased ascitic distension of abdominal wall, with enlargement of superficial abdominal veins, edema of skin, dyspnea, dropsy of scrotum, thighs, and legs, and the other well-known characteristics of hepatic cirrhosis. Suffice it to say that the patient presented a typical case of cirrhosis of the liver, and he had become so cumbersome and helpless—the breathing becoming daily more difficult—that the question of tapping could not be much further delayed. Accordingly, as a preliminary, his legs were freely scarified on the 7th, and again on the 9th of December, 1877; and by these means his general condition was considerably relieved. The fluid, however, increased rapidly, and paracentesis abdominis was performed for the first time on December 24, 1877. He was again tapped on January 16, 1878, February 1st, 15th, and 27th, as much time as possible having been allowed to elapse between each operation. During the month of February he was ordered a mixture containing balsam of copaiba and afterward of oil of santal, but these producing sickness they were discontinued. Paracentesis was again performed on March 12, 1878, also on March 25th, April 9th, April 20th, May 2d, May 16th, and for the twelfth time on May 30, 1878. I am almost positive that the patient was tapped thirteen times, but as I find no note to this effect I think it best to adhere only to undoubted facts. On May 2, 1878, the patient was ordered the following mixture, which he continued to take almost up to the time of his recovery. Half a dram of iodide of potassium, one dram of the tincture of digitalis, half a dram of the tincture of capsicum, three drams of the simple syrup, to six ounces of water; one sixth part to be taken every four hours. From the beginning of June, 1878—almost immediately after his being tapped for the twelfth (thirteenth?) time—the patient showed symptoms of gradual amendment, and on the 28th of August, 1878, he was so far recovered as to

be able to go to Brighton, from which he returned in a few weeks almost quite well.

Remarks: The symptoms were at one time complicated by an attack of concurrent subacute bronchitis, which fortunately yielded to appropriate treatment. As the patient persisted in having some stimulant, especially during his convalescence, he was ordered a pint bottle of champagne daily. During the progress of the case the diet, for the most part, consisted of milk and beef tea, given systematically, a few teaspoonfuls of brandy being occasionally, but as seldom as possible, administered in milk. The kidneys acted well throughout, and the patient suffered little inconvenience from theappings which were performed as he lay upon the edge of the bed.

January, 1882: I have just heard that the patient having resumed his intemperate habits, active mischief has once more developed itself in the liver after the lapse of nearly three years and a half, during which he enjoyed fair health.—*The Lancet.*

Selections.

Boro-glyceride.—Dr. C. E. Shelly communicates to the British Med. Journal:

Boracic glycerin can be made to take the place of carbolic acid in all the operations of antiseptic surgery. That it can be so used in certain cases, and with advantage, I feel sure; e.g. when a wound treated antiseptically with carbolic-acid dressings in any one of the usual methods has become almost superficial, and begins to respond too vigorously to the irritation of even weak carbol oil, it will heal more readily and kindly under lint moistened with ordinary "glycerin of borax" than if treated with simple water-dressing or with dry lint. This may be proved by simultaneously treating two similar wounds on the same limb, or two different portions of a large superficial wound, by the two methods, and noting the rate of progress and the result in each case. Ulcerated superficial wounds, once they have been cleaned and stimulated into healthy action, usually heal very readily under this treatment. But in deep, or lacerated, or contused wounds—those in which we should expect, under ordinary circumstances, a good deal of suppuration—the boracic glycerin has disappointed me, and has seemed much inferior in usefulness to carbolic acid; and I think that the powerfully hygroscopic qualities of glycerin, which come usefully into play when the main business in hand is the formation and protection of young epithelium, are at best of doubtful value in lesions involving greater depths of tissue. On the other hand, in dealing with weak, pale, and flabby granulations, boracic acid lacks that quality of sufficient irritating power which when responded to we term stimulation. I apprehend that the chief value of glycerin as a vehicle of the germicide boracic acid, lies in the fact of its being in itself aseptic, protective, and hygroscopic, and not subject to evaporation at ordinary temperatures. I have frequently found boracic glycerin a pleasant and successful application in cases of tinea circinata and in pityriasis versicolor.

In the summer of 1874 I first showed that the action of glycerin upon borax was a chemical one, boracic acid being set free. Since then I have, in the case of infants who have to be brought up by

hand, often ordered the addition of a few grains of borax to the milk, which is at the same time sweetened with glycerin instead of with sugar. Milk thus treated is less likely to become sour in hot weather (borax is often added to milk, especially in the summer months, in many large dairies); and children thus fed would seem to suffer less frequently from "thrush" than do those fed in the ordinary way on cows' milk and with equal attention to cleanliness. A similar treatment of the milk-food of infants and young children has served to prevent or mitigate the simpler forms of summer diarrhea. A little borax, boracic acid, or, if the milk be liked sweetened, a little glycerin of borax is probably also a useful addition to the milk ordered for enteric fever patients.

Amyl Nitrite in Neuroses.—Dr. J. J. Kiernan, in the Chicago Med. Review, reports an interesting case as follows:

Acting upon the suggestion of Dr. E. C. Spitzka, I have given nitrite of amyl not only in melancholia, but in the cataleptoid condition of katonina. Among the cases of interest may be cited the following: A case was admitted to the New York City Asylum in marked condition of exaltation, from which he passed into one of depression. On being urged to answer three or four simple questions, he replied slowly and with difficulty. He suffered from extreme depression and depressing delusions. He looked puzzled when asked how long he had been in the asylum, and passed into a cataleptoid condition; exhibited wax-like mobility of the highest degree, his pupils being widely dilated. Upon the inhalation of ten drops of amyl nitrite his condition changed almost instantaneously. His pupils contracted, he became communicative and perfectly rational, and expressed astonishment at the change in such a short time. Subjectively a feeling of well-being was felt, and he denied the previous existence of depressing delusions. This plan of treatment was persisted in, and the patient finally recovered.

The use of amyl nitrite has also been attended by similar results in the hands of Dr. Seguin.

Hypnotism a Dangerous Measure.—At a late meeting of the Paris Academy of Sciences Mr. Milne Edwards read a communication by M. Harting on this subject. At the present time several persons are occupied in the study of abnormal phenomena produced in some cases by means analogous to those practiced by "electro-biologists" in former times.

The following notes are a record of some experiments performed by M. Harting, professor in the Utrecht University, "which," he says, "when made in connection with hypnotic sleep, are not without danger to the subjects experimented upon. Some years ago," he adds, "I made several experiments on animals hypnotized in the usual manner, on fowl, pigeons, rabbits, and frogs; for if hypnotism is repeated several times on the same animal its nervous system becomes considerably impaired. I hypnotized six fowls at intervals of two or three days for about three weeks. At the end of that time one of them became lame, hemiplegia set in, and the animal died; the others also soon succumbed. All were attacked similarly, one after the other, although at different periods. In three months all the fowls were dead. This experience ought to make us very careful when it becomes necessary to apply hypnotism to human beings. In company with the director of the me-

nagerie of the Museum of Natural History, I took the necessary measures for repeating the experiments of M. Harting on birds and mammalia; but I ought, *in limine*, to declare that in causing the production, in hysterical females, of phenomena analogous to those the effects of which proved so fatal to the fowl, we run a chance of injuring the patient's health. In fact, after all the information which I have been able to gather on this subject, I am inclined to believe that persons frequently submitted to influences of this description become, after a time, perfect subjects for demonstration; and this, I think, seems to indicate that by the adoption of the pathological functions of the nervous system, the disease becomes more and more serious. In my opinion, therefore, it is better not to practice hypnotization, or other analogous experiments, too often on hysterical persons."—*Medical Press and Circular*.

Thyroid Tumor.—Mr. W. Thornley Stoker presented, before the Surgical Society of Ireland, March 10, 1882, part of a thyroid tumor which he had removed in the morning from a boy, aged fourteen, in the Richmond Hospital. The boy appeared to have been subject to goitrous disease from his birth; at any rate for the last nine years. He was almost a cretin. Lately it interfered with his respiration, producing laryngeal troubles, loss of voice, etc. The tumor measured in its greatest diameter seven and a half inches transversely, and consisted of three masses—two lateral and a central one—which were apparently enlargements of the lateral lobes and the isthmus of the thyroid glands respectively. The largest of the lobes was to the right and the smallest to the center, and he purposed removing the right and largest portion of the mass along with the central, but he did not hope to remove at one sitting the third or left part of it. He succeeded in getting away the two portions he intended after a tedious and prolonged, though not difficult operation. A number of enormous veins, varying in size from his little finger to his thumb, entered the mass, requiring the application of twenty or twenty-four ligatures. The tumor was solid all through. In the center of the central one a cartilaginous mass existed.—*Ibid*.

Cerebral Lesions in Syphilis.—Dr. McCall Anderson exhibited before the Glasgow Pathological and Clinical Society a man, aged forty-nine. Twenty-four years ago the patient had syphilis. About fourteen years ago, after an attack of rheumatic fever, the patient had an attack of paralysis on both sides of the body—less severe, however, on the right than the left. His recovery was speedy, but never complete, slight rigidity remaining on the right side and some numbness on the left. These symptoms were aggravated after a second paralytic seizure about two years ago, and only began to disappear when the patient was put on antisyphilitic treatment. At the commencement of the first attack there was temporary unconsciousness. For the last three years there had also been a marked tendency to sweating on the left side of the face. Dr. Anderson's diagnosis was a lesion of the motor tract of the brain of the left side, and of the sensory tract of the right side, the degeneration descending to the lateral columns of the cord. The only treatment employed was the inunction of mercurial ointment, which rapidly produced such an amelioration of symptoms that the patient left the hospital.—*Brit. Medical Journal*.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.

MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUDUY, M. D., St. Louis, Mo., Physician to St. Vincent's Insane Asylum, and Prof. Nervous Diseases and Clinical Medicine, Missouri Medical College.

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F. A. MARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.

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WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

E. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

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DR. T. F. GRIMSDALE, Liverpool, England, Consulting Physician, Ladies' Charity and Lying-in Hospital.

WM. ROBERTS, M.D., F.R.C.P., F.R.S., Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.

J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.

W. C. FLATFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.

W. H. WALSH, M.D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.

A. WYNN WILLIAMS, M.D., M.R.C.S., London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.

A. C. MACRAE, M.D., Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.

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